

[+]

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No. 1839880
	Inventor: Kenneth G. Schwenk, 3491 Montauk Hwy., Bridgehampton, New York 11932
	Title: ROOF SCAFFOLD SUPPORT

To:	Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450
-----	---

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (In duplicate)	<input checked="" type="checkbox"/> Information Disclosure Statement, including Form PTO-1449 and copies of _____ 6 _____ references.
<input checked="" type="checkbox"/> Applicant claims small entity status.	<input checked="" type="checkbox"/> Check No. <u>1767</u> in the amount of
<input checked="" type="checkbox"/> Specification and 2 Claims (31 pp.)	\$ <u>375.00</u> .
<input checked="" type="checkbox"/> Drawings, showing one Figure (1 p.)	<input checked="" type="checkbox"/> Nonpublication Request Form PTO/SB/35
<input checked="" type="checkbox"/> Combined Declaration and Power of Attorney.	<input checked="" type="checkbox"/> Return Receipt Postcard.

Customer Number is: 022824	
Correspondence Address is:	
Donald R. Schoonover 4211 Rolling Hills Drive Nixa, Missouri 65714-8771 USA	Telephone: (417)724-2188 Facsimile: (417)724-2469 Email: patentstms@aol.com

Name: Donald R. Schoonover	Attorney Registration No. 34,924
Signature: <i>Donald R. Schoonover</i>	Date: <i>September 8, 2003</i>

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail or priority mail in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

September 8, 2003.

Donald R. Schoonover
Donald R. Schoonover

09/15/03
 10/661956
 09916-4-8-210

UTILITY FILING FEE TRANSMITTAL	Attorney Docket No. 1839880
	Inventor: Kenneth G. Schwenk
[X] Applicant claims small entity status.	Title: ROOF SCAFFOLD SUPPORT
Total Amount of Payment: \$ <u>375.00</u>	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																
[X] Check No. <u>1767</u> The Commissioner is authorized to credit any overpayments or charge any additional fee(s) during the pendency of this application to Deposit Account No. 50-0961	2. EXTRA CLAIM FEES <div style="text-align: right;"><u>Fee Paid</u></div> Total Claims <u>2</u> - 20 = <u>0</u> X 9 = <u>0.00</u> Independent Claims <u>2</u> - 3 = <u>0</u> X 42 = <u>0.00</u> <table border="0"> <tr> <th colspan="4"><u>Large Entity Small Entity</u></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th><u>Fee Description</u></th> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>\$ 0.00</td> </tr> </table>	<u>Large Entity Small Entity</u>					Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	1201	84	2201	42	Independent claims in excess of 3	1202	18	2202	9	Claims in excess of 20	SUBTOTAL (2)				\$ 0.00																							
<u>Large Entity Small Entity</u>																																																	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>																																													
1201	84	2201	42	Independent claims in excess of 3																																													
1202	18	2202	9	Claims in excess of 20																																													
SUBTOTAL (2)				\$ 0.00																																													
FEE CALCULATION 1. BASIC FILING FEE <table border="0"> <tr> <th colspan="6"><u>Large Entity Small Entity</u></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th><u>Fee Description</u></th> <th><u>Fee Paid</u></th> </tr> <tr> <td>1001</td> <td>740</td> <td>2001</td> <td>370</td> <td>Utility Filing Fee</td> <td>\$ 375.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>\$ 375.00</td> </tr> </table>	<u>Large Entity Small Entity</u>						Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>	1001	740	2001	370	Utility Filing Fee	\$ 375.00	SUBTOTAL (1)					\$ 375.00	3. ADDITIONAL FEES <table border="0"> <tr> <th colspan="6"><u>Large Entity Small Entity</u></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th><u>Fee Description</u></th> <th><u>Fee Paid</u></th> </tr> <tr> <td colspan="6" style="text-align: center;">None.</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (3)</td> <td>\$ 0.00</td> </tr> </table>	<u>Large Entity Small Entity</u>						Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>	None.						SUBTOTAL (3)					\$ 0.00
<u>Large Entity Small Entity</u>																																																	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>																																												
1001	740	2001	370	Utility Filing Fee	\$ 375.00																																												
SUBTOTAL (1)					\$ 375.00																																												
<u>Large Entity Small Entity</u>																																																	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>																																												
None.																																																	
SUBTOTAL (3)					\$ 0.00																																												

SUBMITTED BY:		
Name: Donald R. Schoonover	Reg. No. 34,924	Telephone: (417)724-2188
Signature: <u>Donald R. Schoonover</u>	Date: <u>September 8, 2003</u>	

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail or priority mail in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on

Sept. 8, 2003.

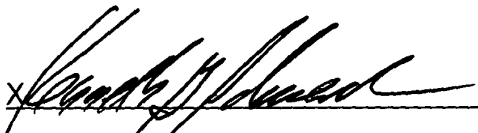
Donald R. Schoonover
Donald R. Schoonover

NONPUBLICATION REQUEST UNDER 35 U.S.C. § 122(b)(2)(B)(i)	First Named Inventor	Kenneth G. Schwenk
	Title	ROOF SCAFFOLD SUPPORT
	Atty Docket Number	1839880

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

9/2/03
Date


Kenneth G. Schwenk

This request must be signed in compliance with 37 C.F.R. § 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. § 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. § 122(b)(2)(B)(iii)).**